Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Church Related Skilled No Yes 9

Home Health Care	Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Supp. Home Care-Household Services No Day Services No Day Services No Mental Illness (Org./Psy) 0.0 65 - 74 18.2 Respite Care No Mental Illness (Other) 0.0 75 - 84 54.5 Adult Day Care No Para-, Quadra-, Hemiplegic 0.0 95 & Over 0.0 Full-Time Equivalent			Primary Diagnosis	% 	Age Groups	% 		
Day Services No Mental Illness (Org. /Psy) 0.0 65 - 74 18.2 Respite Care No Mental Illness (Other) 0.0 75 - 84 54.5 54.5 Adult Day Care No Alcohol & Other Drug Abuse 0.0 85 - 94 27.3 ************************************	Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	0.0		
Respite Care No Mental Illness (0ther) 0.0 75 - 84 54.5 100.0 Adult Day Care No Alcohol & Other Drug Abuse 0.0 85 - 94 27.3 ************************************	Day Services	No	Mental'Illness (Org./Psy)	0. 0	65 - 74	18. 2		
Adult Day Health Care No Para-, Quadra-, Hemiplegic 0.0 95 & Over 0.0 Full-Time Equivalent		No	Mental Illness (Other)	0.0		54. 5		100. 0
							***************	********
			Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equival	ent
Congregate Meals No Cancer 9.1 Nursing Staff per 100 Residents	Congregate Meals	No	Cancer	9. 1				Resi dents
Home Delivered Meals No Fractures 0.0 100.0 (12/31/00)	Home Delivered Meals						(12/31/00)	
Other Meals No Cardi ovascul ar 45.5 65 & 0ver 100.0					65 & 0ver	100. 0		
Transportation No Cerebrovascular 9.1 RNs 72.5								
Referral Service No Diabetes 0.0 Sex % LPNs 3.6					Sex	%		3. 6
Other Services No Respiratory 18.2 Nursing Assistants		No					Nursing Assistants	
Provide Day Programming for Other Medical Conditions 18.2 Male 45.5 Aides & Orderlies 23.1	Provi de Day Programming for		Other Medical Conditions	18. 2			Aides & Orderlies	23. 1
Mentally III No Female 54.5		No			Female	54 . 5		
Provi de Day Programming for 100.0				100. 0				
Developmentally Disabled No 100.0	Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi (Ti tl			Medic Title			0th	er	Pri	vate	Pay	 N	Manage	d Care		Percent
			Per Diem			Per Die	m		Per Dien	n		Per Diem	ı	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	11	100.0	\$253. 81	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	11	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		0	0.0		0	0.0		0	0.0		0	0.0		11	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 0.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 1.8 Baťhi ng 0.0 100.0 0.0 11 Other Nursing Homes 0.0 Dressi ng 0.0 100.0 0.0 11 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 97. 1 0.0 100.0 0.0 11 100.0 0.6 Toilet Use 0.0 0.0 11 0.0 Eating 72. 7 27.3 0.0 11 ****** Other Locations 0.0 Total Number of Admissions 171 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 9. 1 18. 2 Private Home/No Home Health 30.0 Occ/Freq. Incontinent of Bladder 27. 3 0.0 Private Home/With Home Health 24. 4 Occ/Freq. Incontinent of Bowel 18. 2 0.0 Other Nursing Homes 21.3 18. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 10.0 Mobility 0.0 Physically Restrained 36.4 0.0 0.0 0.0 Other Locations 8. 1 Skin Care Other Resident Characteristics Deaths 6. 3 With Pressure Sores 9. 1 Have Advance Directives 9. 1 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 160 (Including Deaths) 45. 5

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	All				
	Facility	Based Facilities	Faci	lties			
	%	% Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	60. 0	87. 5 0. 69	84. 5	0.71			
Current Residents from In-County	81. 8	83. 6 0. 98	77. 5	1.06			
Admissions from In-County, Still Residing	5. 3	14. 5 0. 36	21. 5	0. 24			
Admissions/Average Daily Census	1900. 0	194. 5 9. 77	124. 3	15. 29			
Discharges/Average Daily Census	1777. 8	199. 6 8. 90	126. 1	14. 10			
Discharges To Private Residence/Average Daily Census	966. 7	102. 6 9. 42	49. 9	19. 39			
Residents Receiving Skilled Care	100. 0	91. 2 1. 10	83. 3	1. 20			
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14			
Title 19 (Medicaid) Funded Residents	0. 0	66. 7 0. 00	69. 0	0.00			
Private Pay Funded Residents	0. 0	23. 3 0. 00	22. 6	0.00			
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00			
Mentally Ill Residents	0. 0	30. 6 0. 00	33. 3	0.00			
General Medical Service Residents	18. 2	19. 2 0. 95	18. 4	0. 99			
Impaired ADL (Mean)*	47. 3	51. 6 0. 92	49. 4	0. 96			
Psychological Problems	45 . 5	52. 8 0. 86	50. 1	0. 91			
Nursing Care Required (Mean)*	5. 7	7.8 0.73	7. 2	0. 79			